

K21 000201040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

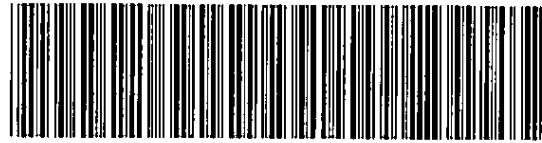
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED MYOGRAPHIC TECHNOLOGIES, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L21000201040

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond D. Maria

Name of Person

Advanced Myographic Technologies LLC

Name of Firm/Company

9081 NE Jacksonville Rd. #1302

Address

Anthony, FL 32617

City/State and Zip Code

rsd@myographytech.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond D. Maria

Name of Person

at (203) 984-8585

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JILLIAN COSTELLO CHAVERS

Name of Registered Agent

, hereby resigns as

Registered Agent for ADVANCED MYOGRAPHIC TECHNOLOGIES, LLC

Name of Limited Liability Company

L21000201040

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Jillian Costello Chavers 10/19/2021
Signature of Resigning Agent

If signing on behalf of an entity:

N/A
Typed or Printed Name
N/A
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FL